

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **40381**

**JAN 2 1951**

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>2041</u>	
1. PLACE OF DEATH a. COUNTY <u>Greene</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u> c. LENGTH OF STAY (If this place) <u>Life</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John Hosp.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Springfield Campbell</u> d. STREET ADDRESS (If rural, give location) <u>Route # 4</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Susan</u> b. (Middle) <u>Ellen</u> c. (Last) <u>Langston</u>		4. DATE OF DEATH (Month) <u>Dec.</u> (Day) <u>24</u> (Year) <u>1950</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Aug. 31 1875</u>		9. AGE (In years, last birthday) <u>75</u>		10. IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Webster County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Thompson McClelland</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Smith</u>		14. NAME OF HUSBAND OR WIFE <u>X</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ethel Langston</u> ADDRESS <u>Rt # 4 Spfld, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Anterior Myocardial infarction</u> ANTECEDENT CAUSES <u>Auricular fibrillation</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DUE TO (d) _____				INTERVAL BETWEEN ONSET AND DEATH <u>From July 26, 1950</u> <u>4203</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>July 26</u> , 19 <u>50</u> , to <u>Dec 24</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Dec 23</u> , 19 <u>50</u> , and that death occurred at <u>4:30a</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>O. C. Horst M.D.</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>430 South Ave Springfield Mo</u>		23c. DATE SIGNED <u>12/26/1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/26/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hazelwood</u>		24d. LOCATION (City, town, or county) (State) <u>Springfield, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12-28-50</u>		REGISTRAR'S SIGNATURE <u>W. E. Handley MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. H. Lohmeyer</u> ADDRESS <u>Springfield</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....  
working under my personal supervision.

Signed.....  
Student Embalmer

..... Student Embalmer No.....

Signed.....

..... Licensed Embalmer No.....

..... P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.